

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2015

City	State	Zip Code
Tysons Corner	VA	22182-2245

Amount of Each Disbursement this Period

4875.83
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Purpose of Disbursement  
SERVICE CHARGES

001

Transaction ID : B-E-6037

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

**B. KeyBank**

Mailing Address 787 Alpha Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2015

City	State	Zip Code
Cleveland	OH	44143-2166

Amount of Each Disbursement this Period

4667.2
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Purpose of Disbursement  
TAXES

001

Transaction ID : B-E-6039

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2015

City	State	Zip Code
Tysons Corner	VA	22182-2245

Amount of Each Disbursement this Period

77.54
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Purpose of Disbursement  
SERVICE CHARGES

001

Transaction ID : B-E-6040

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4875.83